



# AFL SUPPLIER DATA FORM

\*REQUIRED

Supplier Name:	Tax Payer ID:
DBA:	Currency Code:
Europe Form - Banking Reference (If Applicable):	

Manufacturing Address of Goods/Services:

City, Town, or Locality:	State/Region:	Country:
Postal Code:	County/Province:	

Ship From Address of Goods/Services (If Different From Mfg Address):

City, Town, or Locality:	State/Region:	Country:
Postal Code:	County/Province:	

AR Remittance Address/Mailing Address:

City, Town, or Locality:	State/Region:
Country:	County/Province:
Postal Code:	Phone Number:

### Contact Information

PO Order Placement Contact Name:  
 PO Order Placement Contact Phone Number:  
 PO Order Placement Contact Email:

Quality Contact Name:  
 Quality Contact Phone Number:  
 Quality Contact Email:

EHS/ESG Contact Name:  
 EHS/ESG Phone Number:  
 EHS/ESG Contact Email:

Management Contact Name:  
 Management Contact Phone Number:  
 Management Contact Email:

Is your business certified MWDVBE? If so, please check the appropriate box and provide documentation.

Women Owned    Minority    Small Disadvantage    Disabled Veteran    N/A

I Have Read & Acknowledge [AFL's Supplier Code of Conduct](#) (Signature Required):

Types of Goods/Services Provided to AFL:

Additional Comments: \_\_\_\_\_

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